

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE Transmittal

: 09/903,705 Confirmation No. 9187

Applicant : B. B. GOODMAN et al.

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Examiner : Y. L. Wilson

Docket No. : TUC920000084US1

Mail Stop: Non-Fee Amendment Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in the above-identified Application is:

2D AMENDMENT UNDER 37 CFR 1.111 2D DECLARATION UNDER 37 CFR 1.132

X No additional fee is required.
The fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	Other	Than	Small	Entity
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE			ITIONAL FEE
TOTAL	*49	MINUS	** 49	= 0	x \$	=	\$	0.00
INDEPENDENT	* 5	MINUS	*** 5	= 0	x \$	=	\$	0.00
1ST PRESENTATION OF MULTIPLE DEP. CLAIMS \$							\$	0.00
TOTAL							\$	0.00

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- \*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

  \*\*\* If the "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.
- Please charge Deposit Account No. <u>09-0449</u> in the amount of <u>\$</u>.

  A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <u>09-0449</u>. A duplicate copy of this sheet is enclosed.
  - X Any additional filing fees required under 37 C.F.R. \$1.16.
  - Any patent application processing fees under 37 C.F.R. \$1.17.

Date: Jan. 13, 2005

## CERTIFICATE OF MAILING UNDER 37 CFR 1.8(a)

I hereby certify that I am depositing the enclosed or attached correspondence with the United States Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

Cail White

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Respectfully submitted,

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